

2025

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

FILL OUT ALL BLANKS.

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained, insert word "unknown". Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

| PLACE OF DEATH   |               | ARIZONA STATE BOARD OF HEALTH   |                             |
|--|---------------|---|-----------------------------|
| County   | Maricopa      | BUREAU OF VITAL STATISTICS  | State Index - No. 230       |
| District   | Phoenix       | ORIGINAL CERTIFICATE OF DEATH   | County Registrar's No. 843  |
| Town   |               | No. 5 Miles N.E. of Phoenix   | Local Registrar's No. 10404 |
| Or City  |               | (If death occurred in a hospital or institution, give its NAME instead of street and number.)   |                             |
| FULL NAME  |               | Pauline Neil  |                             |
| PERSONAL AND STATISTICAL PARTICULARS   |               |   |                             |
| SEX  | Color or Race | MARRIED   |                             |
| Female   | White Indian  | WIDOWED   |                             |
|  | Black Chinese | OR DIVORCED   |                             |
|  | Mexican       |   |                             |
| DATE OF BIRTH  |               | MEDICAL CERTIFICATE OF DEATH  |                             |
| April 29 <sup>th</sup> 1921  |               | DATE OF DEATH   |                             |
| (Month) (Day) (Year)   |               | May 30 <sup>th</sup> 1921   |                             |
| AGE  |               | I hereby certify that I attended deceased from Apr. 29 1921, to May 30 1921; that I last saw her alive on May 30 1921, and that death occurred on the date stated above at 10:35 P.M. The DISEASE or INJURY causing death was as follows: |                             |
| 1 yrs. 1 mos. 1 days   |               | Small pox   |                             |
| OCCUPATION   |               | (Duration) yrs. mos. days   |                             |
| (a) Trade, profession or particular kind of work   |               | Was disease contracted in Arizona?  |                             |
| (b) General nature of industry, business, or establishment in which employed or (employer) |               | If not, where?  |                             |
| BIRTHPLACE   |               | CONTRIBUTORY  |                             |
| (State or Country) Arizona   |               | (Duration) yrs. mos. days   |                             |
| NAME OF FATHER   |               | (Signed) Dr. H. A. Hughes   |                             |
| Thomas   |               | 5-31-1921 (Address) 11 W. Adams   |                             |
| BIRTHPLACE OF FATHER   |               | *If death from violent causes state (1) means of injury, and (2) whether Accidental, Suicidal or Homicidal.   |                             |
| (State or Country) Missouri  |               | LENGTH OF RESIDENCE   |                             |
| MAIDEN NAME OF MOTHER  |               | At place of death yrs. mos. ds. In Ariz. yrs. mos. ds.  |                             |
| Eva Dean   |               | Former or Usual Residence Same  |                             |
| BIRTHPLACE OF MOTHER   |               | Filed May 31 1921   |                             |
| (State or Country) Oklahoma  |               | Filed June 6 1921   |                             |
| The Above is True to the Best of My Knowledge.   |               |   |                             |
| (Informant)  |               |   |                             |
| (Address)  |               |   |                             |
| PLACE OF BURIAL OR REMOVAL   |               | DATE OF BURIAL OR REMOVAL   |                             |
| Pook Lawn  |               | May 31 <sup>st</sup> 1921   |                             |
| UNDERTAKER   |               | ADDRESS   |                             |
| H. M. Maus   |               | 311 N. 1 <sup>st</sup> Ave  |                             |
|  |               | Local Registrar.  |                             |
|  |               | COUNTY S. MONICAL, M.   |                             |
|  |               | County Registrar.   |                             |